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PTO/SB/21 (09-04)

TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/796,875
Filing Date	March 8, 2004
First Named Inventor	Lurie, Keith G.
Art Unit	1614
Examiner Name	
Attorney Docket Number	016354-005213US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Postcard |
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Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

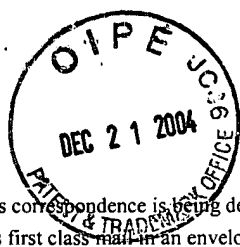
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP
Signature	
Printed name	Darin J. Gibby
Date	December 16, 2004
Reg. No.	38,464

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Connie Larson
Date	December 16, 2004



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PATENT
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On Dec 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie

Application No.: 10/796,875

Filed: March 8, 2004

For: VENTILATOR AND METHODS
FOR TREATING HEAD TRAUMA
AND LOW BLOOD CIRCULATION

Customer No.: 20350

Confirmation No. 2670

Examiner:

Technology Center/Art Unit:

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 7 of this paper.